

REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number Q106386								
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ Signature _____ Typed or printed name _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">In re Application of Pascal CHARROPPIN</td> </tr> <tr> <td style="width: 60%; padding: 2px;">Application Number 10/767,143</td> <td style="padding: 2px;">Filed January 29, 2004</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For DEVICE ALERTING TO EXPIRATION IN A FRANKING SYSTEM</td> </tr> <tr> <td style="padding: 2px;">Art Unit 3628</td> <td style="padding: 2px;">Examiner Shannon S. SALIARD</td> </tr> </table>		In re Application of Pascal CHARROPPIN		Application Number 10/767,143	Filed January 29, 2004	For DEVICE ALERTING TO EXPIRATION IN A FRANKING SYSTEM		Art Unit 3628	Examiner Shannon S. SALIARD
In re Application of Pascal CHARROPPIN										
Application Number 10/767,143	Filed January 29, 2004									
For DEVICE ALERTING TO EXPIRATION IN A FRANKING SYSTEM										
Art Unit 3628	Examiner Shannon S. SALIARD									
Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.										
The fee for this Request for Oral Hearing is (37 C.F.R. § 41.20(b)(3)) \$1080.00										
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: _____										
<input checked="" type="checkbox"/> Payment by credit card.										
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.										
<input checked="" type="checkbox"/> The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.										
<input type="checkbox"/> A petition for an extension of time under 37 C.F.R. § 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.										
CORRESPONDENCE ADDRESS										
<i>Direct all correspondence to the address for SUGHRUE MION, PLLC filed under the Customer Number listed below:</i>										
<small>WASHINGTON OFFICE</small> 23373 <small>CUSTOMER NUMBER</small>										
I am the										
<input type="checkbox"/> applicant/inventor.	_____/Ryan F. Heavener 61,512/ Signature									
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.	_____for Stacey A. Fluhart Typed or printed name									
<input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	_____(202) 293-7060 Telephone number									
<input checked="" type="checkbox"/> attorney or agent of record. Registration number 63,726	_____May 4, 2011 Date									
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____	_____									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
<input checked="" type="checkbox"/> *Total of 1 form is submitted.										